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DEPARTMENT OF ADOPTION AND FAMILY SUPPORTIVE SERVICES

MARGARET LARAVIERE

DIRECTOR

118 N. CLARK ST, SUITE 806 • CHICAGO, ILLINOIS 60602 • P: (312) 603-0550 • F: (312) 603-9909

Dear

Our agency has been ordered by the Circuit Court of Cook County to conduct a social investigation in regard to the custody/ visitation or probate matter involving your minor child(ren). Please find enclosed a questionnaire which should be completed by you and

RETURNED WITHIN FIVE (5) DAYS TO:

COOK COUNTY Department of Adoption & Family Supportive Services
118 N CLARK; SUITE 806
CHICAGO, ILLINOIS 60602

Also complete, date, sign and return the enclosed release (s) of information for an Illinois Department of Children and Family Services background check. These releases of information documents should be returned with the questionnaire.

If there are school age children living with you, you will find a school report form enclosed. This report should be completed by the school administrators and returned to us by school personnel. The school report form WILL NOT be accepted if it is returned to us by a parent, other relatives or guardian.

The completed documentation materials are in introducing you to the caseworker handling your case. The scheduling of your appointment will be delayed if these documents are not returned immediately. After their return, your assigned case worker will contact you and plans will be made to visit your home and interview you and your child(ren). Please be advised that the case worker will require that the child(ren) be seen at the home of both parents and/ or guardians.

We appreciate your cooperation and immediate attention to this request. If you have any questions, please call 312- 603- 0550.

Very Truly Yours,

The Department of Adoption & Family Supportive Services

****Please keep this cover letter for future reference****

CHILD CUSTODY EVALUATION
PARENT QUESTIONNAIRE

A. Identify Information

Court Name :	Court Case Number:
Your Name:	Other Names Known By:
Current Address (include city, state & zip)	Phone Number: (Cell)- (Home)-
Email Address:	
Do you rent or own your current residence?	Attorney Name, Address & Phone Number:
	Religion:
Date of Birth:	Place of Birth:
Highest Grade Completed:	

B. Residence History

If you have not lived at the address above for more than 4 years, please indicate the addresses in which you lived during that time period.

Address, City, State	Own or Rent	Dates From and To

C. Marital History

Name of Spouse (Ex- Spouse)	Date of Marriage	Date of Marriage Dissolution	Number of Children from this Marriage	Whom Do the children live?

D. Custody Children

List all of the children that are involved in this court action below.

Child's Name	Date of Birth	Residing With	Name of School, Address, City, State & Zip	Current Grade

E. Other Members in Household

List all the other members in your household

Name	Date of Birth	Relationship to you

F. Employment History

Please list the past 3 employers, beginning with your current in the area below.

Current Employer:	Employer's Address, City, State & Zip
Current Supervisor's Name & Phone Number:	Job Title:
Salary:	When did you start?
Current Days & Hours:	When did you leave?
Phone:	

Previous Employer:	Employer's Address, City, State & Zip
Previous Supervisor's Name & Phone Number:	Job Title:
Salary:	When did you start?
Current Days & Hours:	When did you leave?
Phone:	

Previous Employer:	Employer's Address, City, State & Zip
Previous Supervisor's Name & Phone Number:	Job Title:
Salary:	When did you start?
Current Days & Hours:	When did you leave?
Phone:	

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Please indicate any additional sources of income as well as the amount which do not salary from employment below. (EX- Child support, SSI, Public Aid)

G. Health History

If you or any adult in the household have any physical illness or disability, mental health issues including hospitalization or counseling. Please indicate the information below:

Name	Physical Illness/ Disability	Mental Health Issue/ Treatment	Hospitalization

H. Criminal Background History

If either the parent or guardian has been arrested, please complete the information below.

Name	City & State	Date of Arrest	Offense Committed	Disposition of Case

If either parent or guardian is on probation or parole, please provide information below.

Name	Address, City & State
Phone Number	Circle: Probation or Parole

I. Child(ren)'s Health

Complete the following information below (include pediatrician, psychiatrist, dentist, etc.)

Name of Child	Doctor's Name	Address	Date	Reason of Doctor's Appointment

Do you use a daycare center or babysitter for the children in your absence? If so, please list names, address and phone number:

J. Child(ren)'s Juvenile Justice Involvement

Have any of the children had contact with law enforcement agencies of the Juvenile Court? If so, please complete the information below.

Child's Name	Name Juvenile Justice Agency & Address, City, State	Date of Involvement & Offense Committed

Have you ever had any involvement with the Illinois Department of Children and Family Services? If so, please complete the information below.

Adult's Name	Child's Name	What & when was the allegation made?	Were you indicated?	Were the children removed?

What do you think the best plan for your children would be and why? (Include any concerns you may have about the well- being of your children).

[illegible]